LOCAL GRANT APPLICATION

U.S. DEPARTMENT OF STATE MIDDLE EAST PARTNERSHIP INITIATIVE (MEPI)

Title of Project:			
Applicant/Primary Implementing Organiza	ntion:		
Address:			
City: Zip: Telephone(s): Fax: Email(s):	Country:		
Primary Point of Contact:	MEPI Program Elements Sup	ported: (check all that	
Name: Title Phone: Local Partner Organization 1 (if any): Name:	 apply) Constitutions, Laws, and Legal Systems Judicial Independence Justice System Human Rights Legislative Function and Processes Local Government and Decentralization 		
Phone: Local Partner Organization 2 (if any):	Anti-Corruption Reforms Elections and Political Processor		
Name: Phone: Amount of Award Requested: \$USD Period of Project: Preferred start date: Months Month	Political Parties Civic Participation Media Freedom and Freedom of Information Basic Education Higher Education Trade and Investment Enabling Environment Trade and Investment Capacity Financial Sector Enabling Environment Financial Sector Capacity		
	Business Enabling Environmer Private Sector Capacity Workforce Development	ıt	
	-		
ACKNOWLEDG	EMENT & PUBLICITY AGREEMENT		
I affirm that the information provided in this application is true and correct and that intentional misrepresentation on this form is grounds for denial of a grant. I further affirm that my organization is qualified to receive an award under applicable laws and regulations. My organization understands that submission of a Local Grant application in no way guarantees awarding of a grant, and we will accept the final decision of the U.S. Embassy Local Grants Committee & MEPI. We further understand that funds awarded under the Local Grants program are provided through MEPI by the people of the United States of America and agree to allow appropriate publicity of this fact. Accept: Yes. A signed original must follow this electronic form if a grant is awarded.			
Signature	Name & Title	Date	

1. Brief Summary: Please supply a clear summary (2-3 sentences) of your project.

2. State the problem, and describe how this project will address the problem.
3. State how this project is related to the MEPI program elements listed on page one of the application instructions.
4. What are the intended results/objectives of the project? (A good project should have 1-2 objectives. If possible, for each of the intended results/objectives, please describe how you intend to measure these results/objectives.)
5. List the name of the person who will conduct the activities. Please attach a copy of its CV or resume.
6. Describe how you plan to publicize the work and to incorporate MEPI into this publicity.

7. Schedule of Activities. (For each of the intended results/objectives listed in #4, describe the major activities using the table below.)

Objective #1:	
Activity Number	Description of the Activity
1.	
2.	
3.	
4.	
5.	
6.	

Objective #2:	
Activity Number	Description of the Activity
Number	
1.	
2.	
3.	
4.	
5.	
6.	

8. Please describe your organization. State what type of group it is, when it was established, the size of membership, the mission of the organization, and its source of funding. Describe its status under applicable law. Also include the name of any local partner organizations that will participate in this project and describe their role.

9. Please list the names of the officials responsible for this project and its financial administration, and attach a CV for each person listed. Do the same for each local partner organization.

10. Should you be awarded a MEPI local grant, U.S. government regulations require a listing and
description of your grant in the federal Grants Database Management System (GDMS). This grants database
is publicly accessible on the Internet at http://www.usaspending.gov. If you do not wish your organization to
be identified in this database, please explain why.

11. Has your organization received or is expected to receive financial assistance from other donors? If so please name any donors, their contact information, the amount of financial assistance received and briefly describe funded projects.